

State of Wisconsin  
Department of Natural Resources  
Bureau of Community Financial Assistance  
101 S. Webster St., PO Box 7921  
Madison WI 53707-7921  
Phone No. (608) 266-7555 FAX (608) 267-0496  
website: <http://www.dnr.state.wi.us/org/caer/cfa/cfindex.htm>

**Environmental Improvement Fund (EIF)**  
**Women Business Enterprise (WBE) Self-Certification**  
Form 8700-296 (R 2/02)

**Notice:** Complete this form to certify that your business is a Women Business Enterprise (WBE). Information provided will be used to verify that the municipality has met WBE goals or made a good faith effort, per ss. NR 162.09(3), NR 166.12(4), and NR 167.18(4), Wis. Adm. Code. Personally identifiable information provided on this form will be used to review WBE participation in a project and may also be made available to requesters as required by Wisconsin Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

☐ Clean Water Fund Program

☐ Safe Drinking Water Loan Program

☐ Land Recycling Loan Program

**Project Information**

1. Name of Municipality

2. EIF Project Number

3. Name of Business

4. Name of Business Contact

Contact Telephone Number

(       )

**Business Information**

5. Is your business controlled and operated by a woman or women who exercise control of the business decisions?

☐ Yes

☐ No

6. Is at least 51% of your business independently owned by a woman or women with ownership interest being real, substantial, and continuing?

☐ Yes

☐ No

**WBE Self-Certification**

I certify that my answers to the above questions are true and accurately describe the status of the above named business.

Signature of Individual Representing Above-Named Business

Date Signed

Name of Individual Representing Business (Print or Type)

Title of Individual Representing Business (Print or Type)

**DNR Use Only**

a. Is this form filled out completely?

☐ Yes

☐ No

b. Did a representative of the business sign the form?

☐ Yes

☐ No

c. Can this business be utilized as a WBE?

☐ Yes

☐ No

Project Manager Notes and Comments:

Project Manager Signature

Date Review Completed